

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORMERS COMMISSION

(Type or Print Clearly) PARTI LOBBYIST NAME (Last) (Middle) **TELEPHONE** (First) Hong Glenn K. Y. (808) 543-9322 MAILING ADDRESS (Street) FAX (808) 543-9322 P. O. Box 3288 **EMAIL** glenn@htbyb.com (City) (State) (Zip Code) Honolulu HI 96801-3288 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE FAX MAILING ADDRESS (Street) **EMAIL** (Zip Code) (City) (State)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LO	TELEPHONE	
Moana Pa`akai, Inc., doing	(808) 543-9311	
MAILING ADDRESS (Street) P. O. Box 3288		FAX (808) 543-9322
		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96801-3288
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
P. Roy Catalani		(808) 543-9409
MAILING ADDRESS (Street)		FAX (808) 543-9409
P. O. Box 3288		EMAIL rcatalani@htbyb.com
(City)	(State)	(Zip Code)
Honolulu	HI	96801-3288
Honolulu	HI	96801-328

LREG 09/2009

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	☐ Public Safety & Corrections	
PART IV CERTIFICATI	ON OF LOBBYIST		
ARTIV CERTIFICATI			
	he information furnished abov	e is, to the best of my knowle	edge, correct and complete.
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	in the	e is, to the best of my knowle	121/2013
I hereby certify that to	in the	e is, to the best of my knowle	121/2013
I hereby certify that to	(Signature of Lobbyist)		121/2013
I hereby certify that to	(Signature of Lobbyist)		(Date)
I hereby certify that to PART V AUTHORIZAT IAME Glenn K. Y. Hong	(Signature of Lobbyist) TION TO LOBBY	TITLE OF AUTHORIZING OFFIC	(Date)
I hereby certify that to PART V AUTHORIZATION (if	(Signature of Lobbyist) TION TO LOBBY	TITLE OF AUTHORIZING OFFICE President	(Date) CER OR PERSON REPRESENTE
PART V AUTHORIZATION (if	(Signature of Lobbyist) TION TO LOBBY applicable)	TITLE OF AUTHORIZING OFFICE President	(Date) CER OR PERSON REPRESENTE TELEPHONE (808) 543-9322
I hereby certify that to PART V AUTHORIZATION (if Moana Pa'akai, Inc., description of the Moana Pa'akai, Inc., description (if Moana Pa'akai, Inc., description)	(Signature of Lobbyist) TION TO LOBBY applicable)	TITLE OF AUTHORIZING OFFICE President	(Date) CER OR PERSON REPRESENTE TELEPHONE
PART V AUTHORIZATION (if Moana Pa'akaí, Inc., d	(Signature of Lobbyist) TION TO LOBBY applicable)	TITLE OF AUTHORIZING OFFICE President	(Date) CER OR PERSON REPRESENTE TELEPHONE (808) 543-9322 FAX (808) 543-9322 EMAIL

Signature of Authorizing Officer or Person Represented)

(Date)